

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/131,522	08/10/98	426	1761	1-20552

**APPLICANT**  
NB  
4/1/99

CARL JOSEPH KNUEVEN, BOWLING GREEN, OH, ~~RICHARD ALAN WILLIAMS, PLYMOUTH,~~  
MN

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
VERIFIED  
None, NB

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
VERIFIED  
None, NB

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
VERIFIED  
None, NB

FOREIGN FILING LICENSE GRANTED 08/26/98 \*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 0	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>NB</u> Examiner's Initials Initials					

**ADDRESS**

MACMILLAN SOBANSKI & TODD  
ONE MARITIME PLAZA  
FOURTH FLOOR 720 WATER STREET  
TOLEDO OH 43604

**TITLE**

SODIUM BISULFATE AS ACIDULANT IN FOODS

FILING FEE RECEIVED \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/131,522	FILING DATE 08/10/98	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. 1-20552
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APPLICANT

CARL JOSEPH KNUEVEN, BOWLING GREEN, OH.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

NB

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

NB

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

NB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/26/98 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 0	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
Verified and Acknowledged		Examiner's Initials <u>NB</u>	Initials		

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TITLE

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